FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM **DR-2** (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 1645
Indexed SW tracked
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Gaskill For Senate

IMPORTANT: Indicate type of committee you are reporting for: 1

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support Slate of Candidates

SIGNATURE OF TREASURER (or person filing this report) — **TELEPHONE** 641-843-3002 — **DATE SIGNED** 5-15-04

Routine Penalties Due For Late Filed Reports Range from $20

ELECTIONS & CAMPAIGN DISCLOSURE BOARD
MAY 18 2004
FILED pm 5:17

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 14th 04 REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) Indicate on 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ..... $ 11,094.16

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 915.00

Schedule F: Loans Received total (Attach Schedule F) ..... —

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... —

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 12,009.16

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 70.74

Schedule F: Loan Repayments total (Attach Schedule F) ..... —

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ 11,938.42

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ /

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ /

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ /

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ✓ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ _____

For Instructions, See Back of Form

SCHEDULE A (Rev. 06/97) — MONETARY RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Gaskill for Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-RAISER INCOME
1-9-04	ID# CK# 68900	Sac + Fox of Miss. 349 Meskwaki Rd Tama, Iowa 52339		$ 500.00	
1-5-04	ID# 6092 CK# 889	Mid American Energy Co 666 Grand Ave Des Moines, Ia 50303		100.00	
1-2-04	ID# CK# 3917	Cynthia Carter 126 Sweetgrass Lane Forest City Ia 50436		20.00	
5-8-04	ID# CK# 2759	James Nelson 622 - 1st Ave SW Br. H Ia 50423		25.00	
5-8-04	ID# CK# 2634	Noel Gustafson 2423 N Taft Garner Ia 50438		20.00	
5-8-04	ID# CK# 8902	Randy Finer 17159 475th St Scarville, Ia 50473		250.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $

TOTAL *(if last page of this schedule)* $ 915.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Gaskill For Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE *(Disbursement)* WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-5-04	ID# CK# 1199	Sigler Co 413 Northwestern Ames, Ia 50010-0807	Professional Fees	$ 70 74
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL (*if last page of this schedule*)	$ 70 74

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing $500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

OR INSTRUCTIONS, SEE BACK OF FORM

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Gaskill for Senate

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant: Sigler Companies		
Mailing Address: 413 North Western PO Box 887		
City: Ames,	State: Iowa	Zip Code: 50010

CONTRACT PERIOD (MM/DD/YR)

From Jan 1-04

To May 14-04

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

$ _____

ESTIMATES OF PERFORMANCE

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (*Disbursement*) WAS MADE	PURPOSE	AMOUNT EXPENDED
5-8-04	Sigler Companies 413 North Western Ames, Iowa 50010	professional Fees	$ 70 74

SUB-TOTAL $

TOTAL (If last page of this schedule) $ 70 74

Page 1 of 1
(for Schedule G)